

DELAWARE DRUG OVERDOSE FATALITY REVIEW COMMISSION

June 2019 Commission Report

Delaware Drug Overdose Fatality Review Commission Report JUNE 2019



Dear Governor Carney and Members of the 150th Delaware General Assembly,

On behalf of the men and women of the Delaware Overdose Fatality Commission (DOFRC), I am honored to present the 2018 Annual Report, which highlights the outstanding work and critical role that these professionals voluntarily accepted, in order to serve their fellow Delawareans and impact a crisis plaguing our country.

Within the mission of the Commission, these members demonstrated a commitment to examining the underlying facts and causes of deaths in Delaware resulting from overdoses of prescription opiates, fentanyl and heroin; and also to developing and identifying possible evidence-based reforms for consideration by the Governor and General Assembly to reduce the frequency of such overdoses.

During 2018 these members united together to develop a review process and lead the way to examine the last six months of cases that fell within the jurisdiction of the Commission, and met the review criteria. This should be noted as significant progress given the challenges overcome by this band of professionals in creating a process that was precise and unprejudiced. I would like to thank the members of the Commission for their dedication and commitment to providing the most unbiased review of these cases, for the long hours put into the actual review team processes; and for the professionalism fostered as the processes were developed collaboratively across disciplines, and across both government and private sector stakeholders. A special note of thanks needs to go out to Ms. Julia Lawes for her passion in executing her responsibilities as the Executive Director. This work could not have moved forward without her. Lastly, I am confident that with the continued support of the Governor, the Attorney General and the General Assembly, the forward momentum will continue in 2019.

Sincerely

A handwritten signature in black ink, appearing to read "Rebecca D. Walker".

Rebecca D. Walker, PhD, JD, MSN
Commission Chair

Delaware Drug Overdose Fatality Review Commission Report JUNE 2019

Introduction

The Delaware Drug Overdose Fatality Review Commission (DOFRC) is charged under Delaware Code Title 16, § 4799, to review opioid overdose deaths in the State of Delaware. In 2018, the commission reviewed 56 cases, from the months of July through December. Given ongoing challenges with data review methods and resources, it was determined by the Commission to focus on the second half of 2018. To address the resource and time constraints with the case selection process, the Commission voted to approve an even/odd process for case review. This process was adopted from the Delaware Child Death Review Commission's Fetal Infant Mortality Review Team. Utilizing this selection method allows for an objective dataset that is manageable with the current staffing resources. These limited data sets, combined with the statutory review limits based on type of overdose fatality, means that the aggregated data reviewed by the Commission does not include every fatal overdose death in Delaware. It should be stated that the Commission continues to support the efforts of the Division of Forensic Science, the DIAC, and the Division of Public Health, where more comprehensive and encompassing data is housed.

The findings and recommendations presented in this report are representative of the 56 cases reviewed over 6 months, with the odd / even selection criteria. The review process has allowed the Commission to make four key findings. . First, when reviewing location it was found that 79% of the fatal overdoses occurred in a residence. Additionally, of the cases reviewed 93% of incidents occurred where naloxone was not available. Second, 50% of the cases reviewed had a history of prior non-fatal overdose

Delaware Drug Overdose Fatality Review Commission Report JUNE 2019

events. Third, 30% of the 56 decedents had previously been detained with the Delaware Department of Corrections (DOC). Lastly, it was determined that 52% of the decedents had been seen at an emergency department in the three months prior to their fatal overdose. The following public policy recommendations made by DOFRC in this report are based on these findings.

Mission Statement

The Delaware Drug Overdose Fatality Review Commission (the Commission) is:

- A. Committed to examining the underlying facts and causes of deaths in Delaware resulting from overdoses of prescription opiates, fentanyl and heroin;
- B. Developing and suggesting possible evidence-based reforms for consideration by the Governor and General Assembly to reduce the frequency of such overdoses.

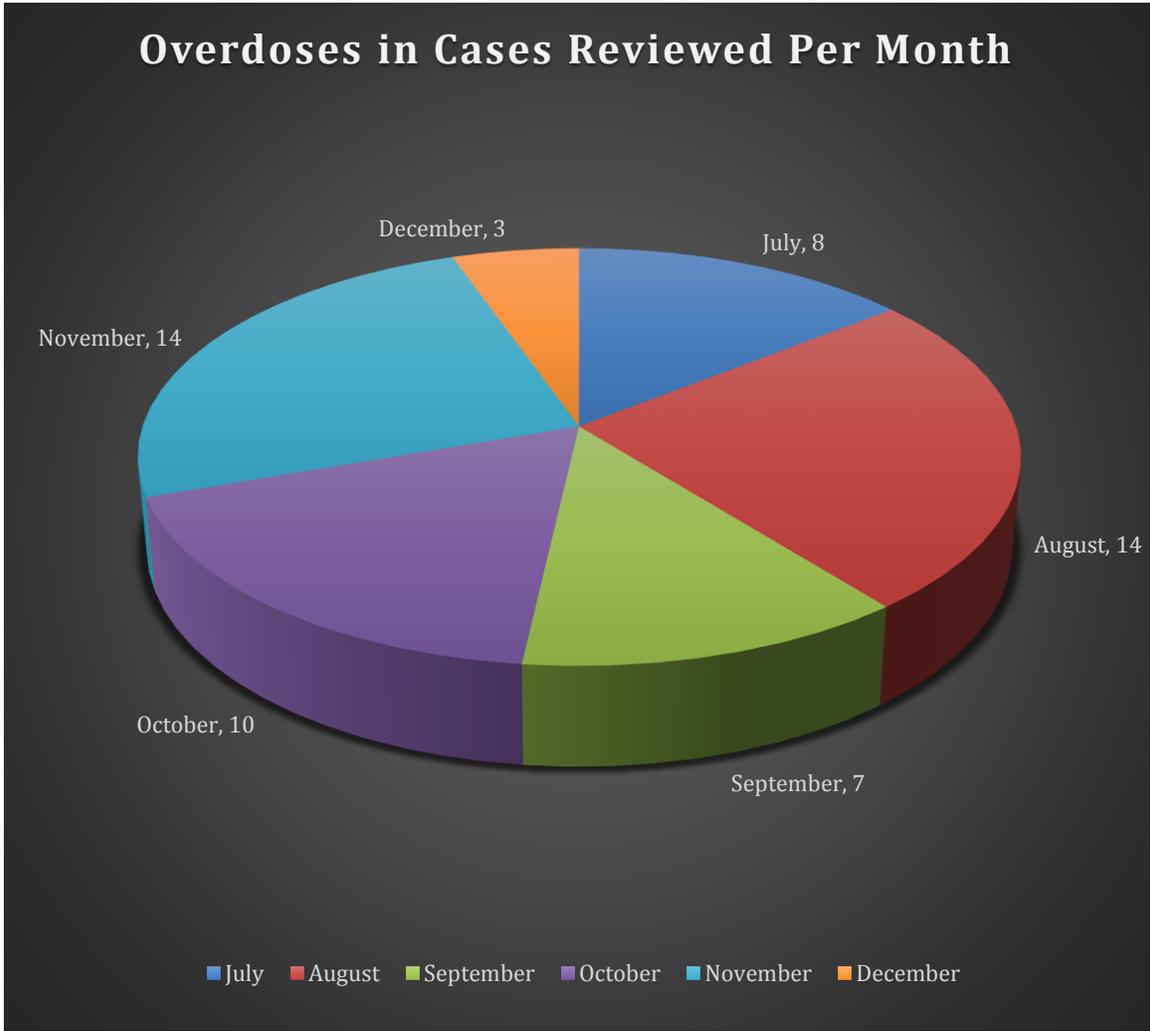
Records Reviewed To Date

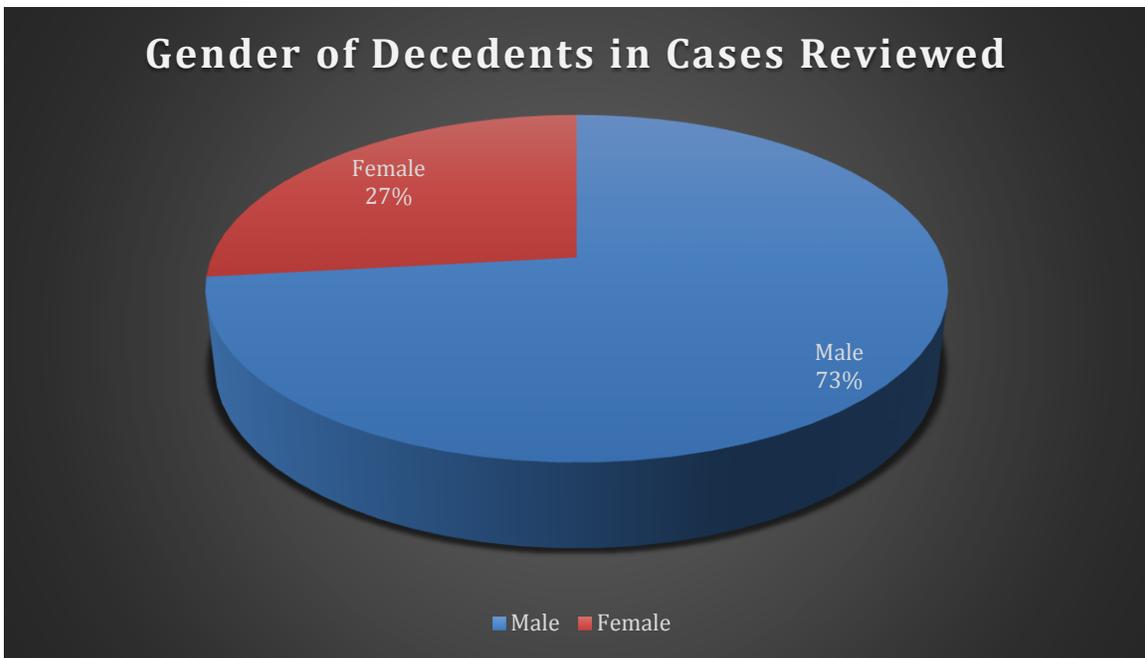
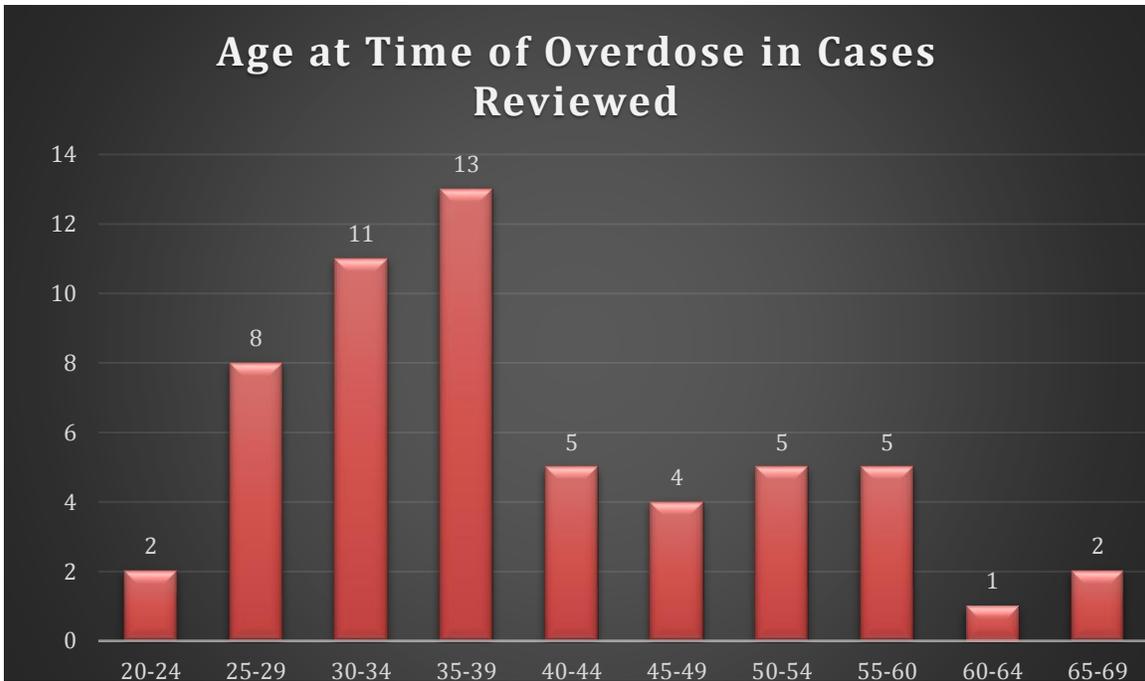
In 2018, 400 people died from an overdose in Delaware. The regional review teams reviewed selected fatal overdose cases that fell within the statutory requirements for review from July through December of 2018.

There were 56 cases reviewed for this time-period:

- New Castle County Review: 31 deaths
- Kent County Reviews: 12 deaths
- Sussex County Reviews: 13 deaths

The graphs and statistics included in this report are based on the 56 reviewed overdose death cases.



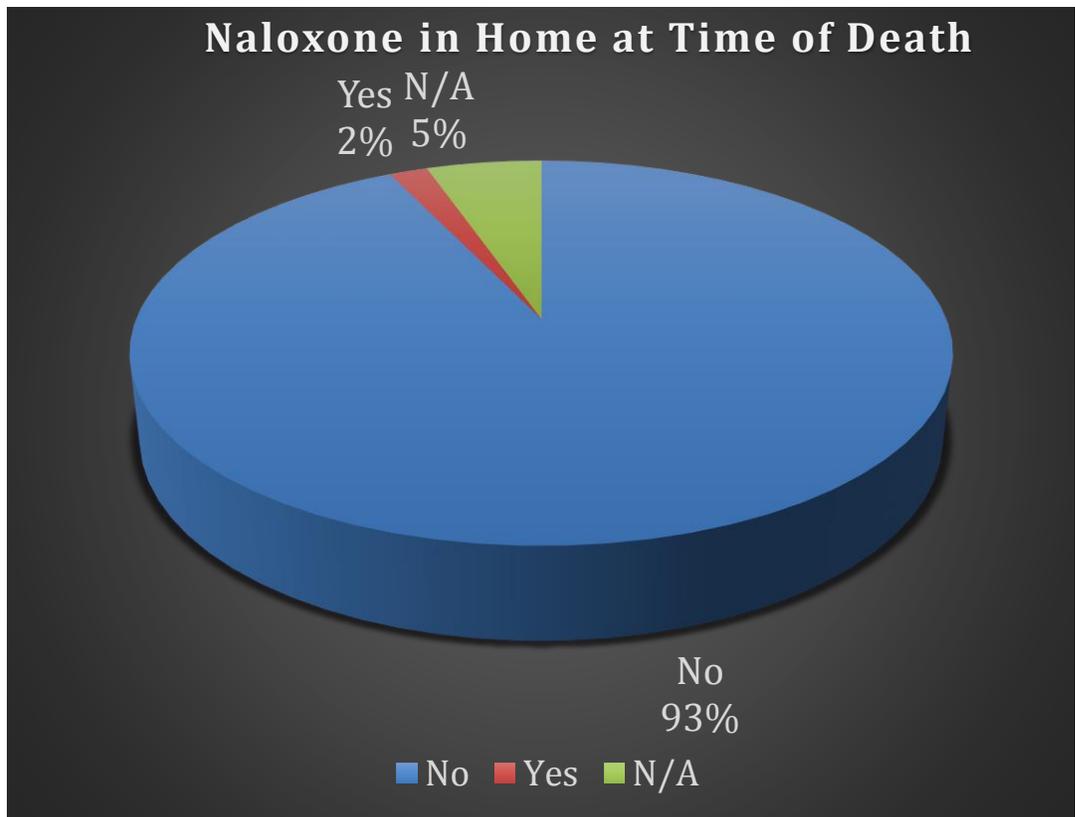


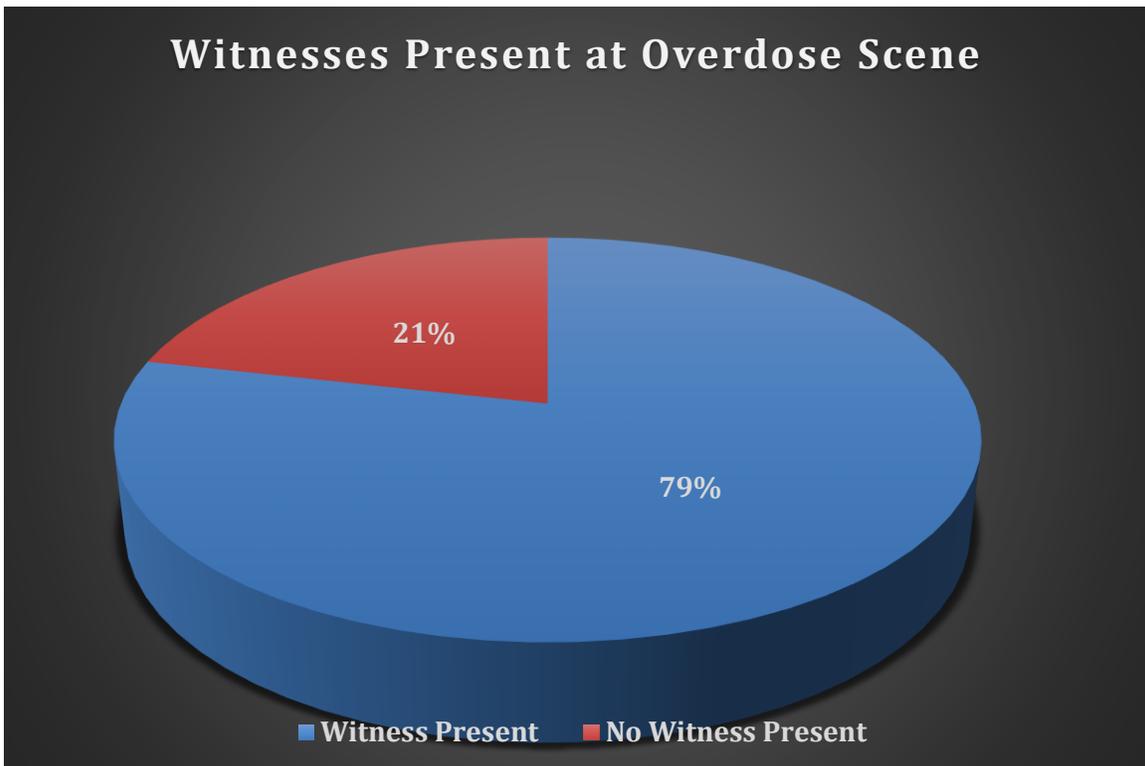
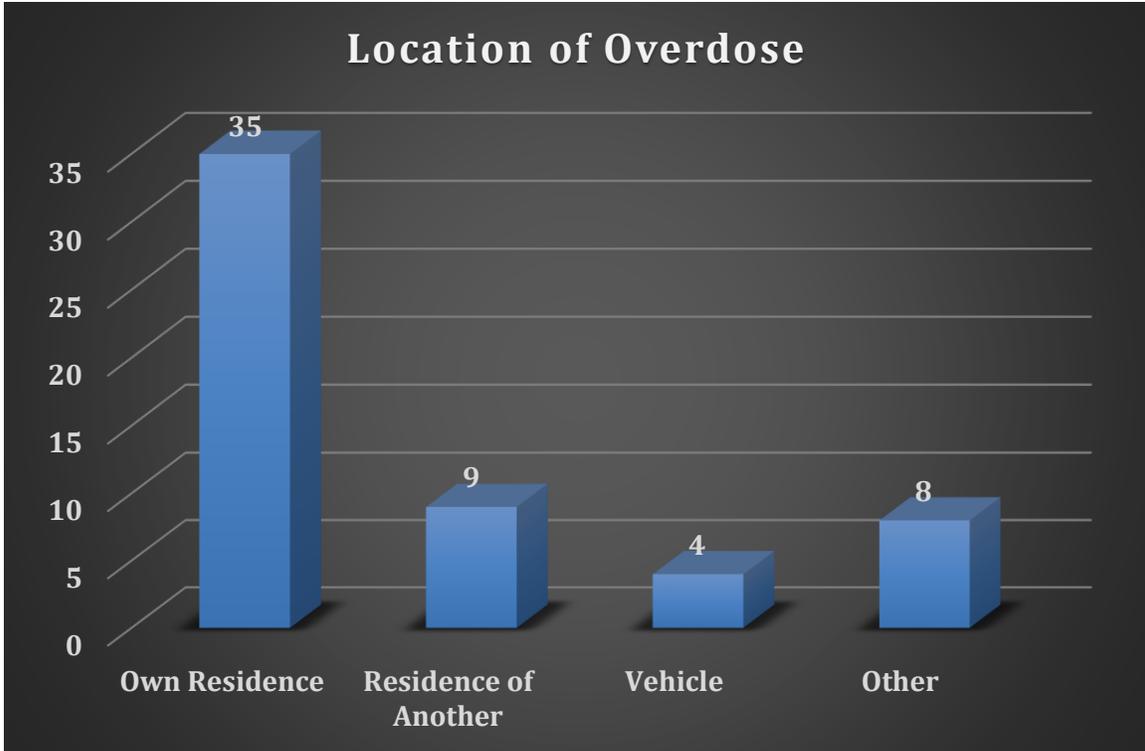
FINDINGS AND RECOMMENDATIONS

This annual report is structured to provide actionable findings with recommendations based on established initiatives implemented in other jurisdiction or evidence-based programs identified in academic research or other government programs. Each finding is directly related to data obtained from the individual case reviews. All statistics are representative of the aggregate findings of the 56 cases reviewed within the jurisdiction of the DOFRC statewide, and not the totality of Delaware fatal overdoses in 2018.

Finding #1:

Seventy-nine percent of the overdoses reviewed occurred in a residence. Ninety-three percent of these fatalities occurred in locations where Naloxone was not available.





Recommendation Based on Finding #1:

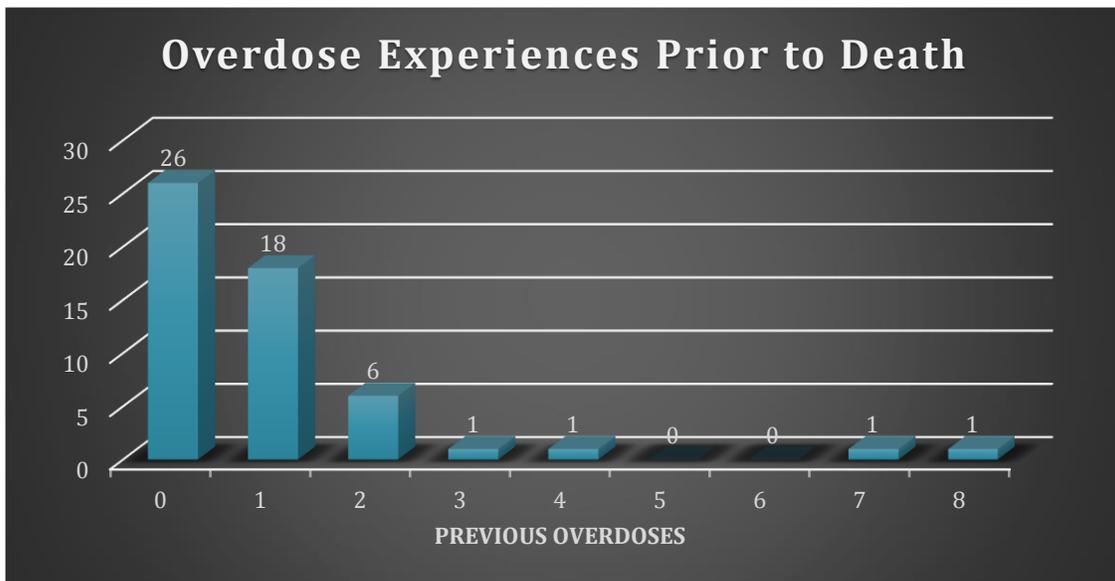
- **Naloxone should be readily available and easily accessible to the community through increase general distribution from multiple agencies and locations**
- **Harm Reduction PSA**
 - Continued Public Service Announcements targeted to opioid users, their families, and friends. The Commission will continue to support efforts of the Delaware Department of Public Health, and will defer to their expertise for this recommendation. In support, the Commission also encourages PSAs aligned with the following:
 - Don't Use Alone
 - Have Naloxone in the home
 - Make sure those you are with know where the naloxone is and how to use it
 - Keep room door ajar and unlocked while using¹
 - CALL 911 for ALL overdoses
 - Delaware passed and signed the Kristen L Jackson & John M Perkins Jr. Law, in 2013 (Good Samaritan Law). This legislation provides immunity from arrest, charges, and

¹ <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/recognizing-opioid-overdose/>

prosecution from drug crimes and underage drinking to people who report overdoses events.²

Finding #2:

Of the 56 cases reviewed, **50% of the individuals had at least one previous non-fatal overdose** for which they were seen in an emergency department. Additionally, 17.9% of the cases had experienced multiple non-fatal overdoses for which they were documented as being treated in a medical facility. These **previous non-fatal overdose rates are under-represented, as they do not include instances of EMS involvement** and subsequent refusal of care or incidents of successful interventions provided by witnesses following which emergency care was not sought, and therefore overdose information is not available.



² Delaware Code, Title 16 § 4769 Criminal immunity for persons who suffer or report an alcohol or drug overdose or other life threatening medical emergency

Recommendations Based on Finding #2:

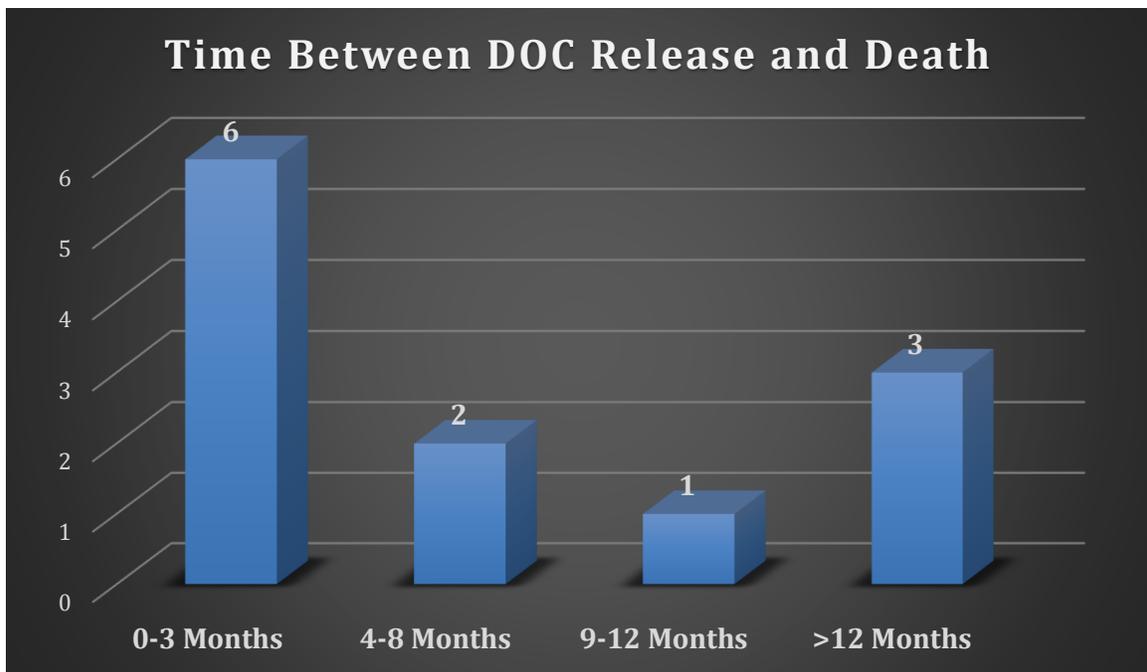
- **Support Emergency Department Initiatives to identify and promote engagement with treatment options.**
 - The Commission will support emergency department programs that encourage individuals to enter treatment, especially treatment programs that offer both counseling and support services, combined with medication assistance. Longer-term counselling services are critical to success and referrals to such programs will be encouraged. Evidence from Baltimore and Massachusetts³ demonstrated a 50% reduction of death rate when engaged with a medical provider and placed on Methadone and Suboxone.

- **Naloxone Provided by Medical or Law Enforcement Personnel When There is an Overdose (See also recommendation from Finding #1)**
 - The Commission recommends that anyone who has an encounter with EMS, Law Enforcement, or a medical facility for an overdose and/or mental health crisis intervention that is determined to be drug related, be given naloxone for the home.
 - The Commission recommends that Naloxone be replaced without cost for any member of the community that follows up with DPH.

³ Schwartz et al. American Journal of Public Health, May 2013; Larochelle, Annals Int Med, 2018; Sordo et.al. BMJ, April 2017

Finding #3:

During the case review process, it was identified that 30% of the 56 decedents had previously been detained with the Delaware Department of Corrections (DOC). The Commission was able to confirm a release date for 70% of those individuals. Of those who had been detained and whose release dates could be confirmed by the Commission, **50% suffered a fatal overdose within three months of their release and 75% died from an overdose within 1 year of release.**



Recommendations Based On Finding #3:

- **Injectable Naltrexone access in DOC should be promoted and offered to every eligible inmate numerous times.**
 - It can be hypothesized that the Delaware DOC Naltrexone program is being under-utilized. Naltrexone is a medication used to treat opioid and alcohol use disorders. Naltrexone blocks the euphoric and sedative effects

of opiates such as heroin. It binds and blocks opioid receptors and is reported to reduce opioid cravings. There is no potential for abuse of Naltrexone.⁴ The large number of deaths occurring within 90 days of release points to a strong need to better promote Naltrexone and counseling to eligible offenders both while in DOC custody, and upon release. It is recognized that Naltrexone may not be the only program available, and it is continued to be recommended that any medication treatment (Naltrexone or MAT) be combined with ongoing and intensive counseling services.

- **As with the general population (see recommendations for findings #1 and #2), Naloxone should be made available to all inmates released from Delaware Department of Corrections.**
 - The Commission recommends that all inmates be screened for opiate use upon admission to the Delaware Department of Corrections. For those that screen positive for opiate use, they should be trained and provided with a naloxone kit upon release. The Commission provides the following in support of this recommendation:
 - The National Naloxone Program in Scotland was established in 2011. There are 15 prisons throughout Scotland, all of which participate in the National Naloxone Program in order to directly address the increased risk for a fatal overdose for individuals

⁴ Substance Abuse and Mental Health Services Administration, Naltrexone, *“What is Naltrexone?”* <https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>

Delaware Drug Overdose Fatality Review Commission Report JUNE 2019

exiting the criminal justice system. . The goal of the project is to promote the implementation of life-saving interventions in prison and upon release. Upon admission, all inmates are given a drug test. Inmates that test positive for opiates are informed of the prison's Naloxone Program. It is a voluntary program, and it is offered numerous times throughout their incarceration if initially declined.

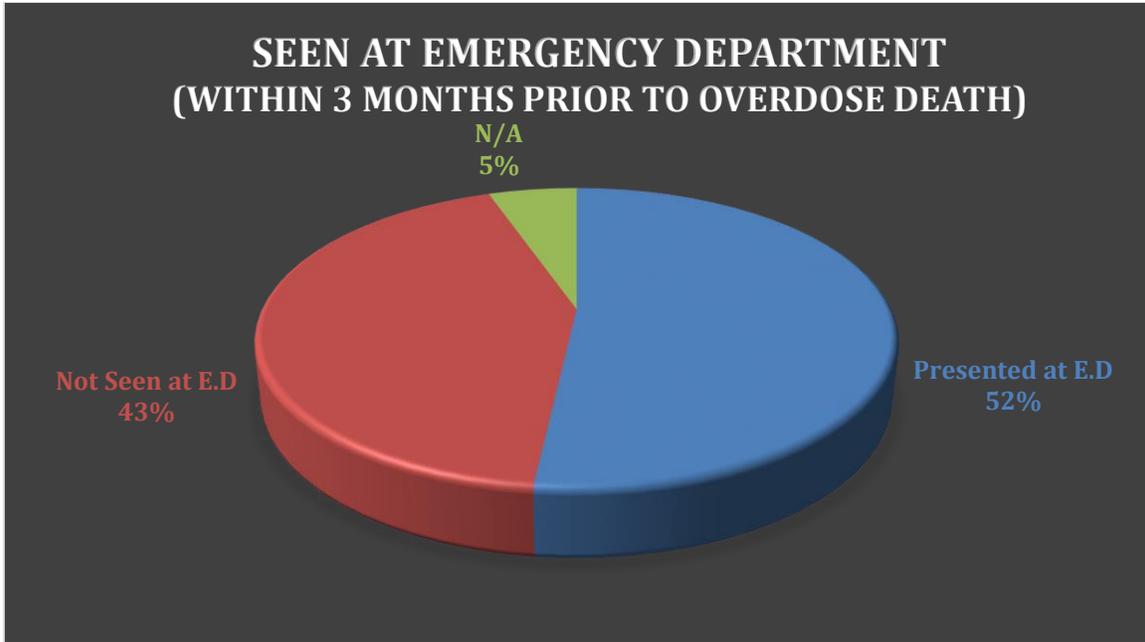
- During Scotland's evaluation period from 2011-2013 of the Naloxone Program, they saw a **decrease in deaths by 36%**. Since its implementation between 2011 and 2017, rates of opioid-related deaths in former prisoners within four (4) weeks of release from incarceration have **reduced by 50%**⁵.

Finding #4:

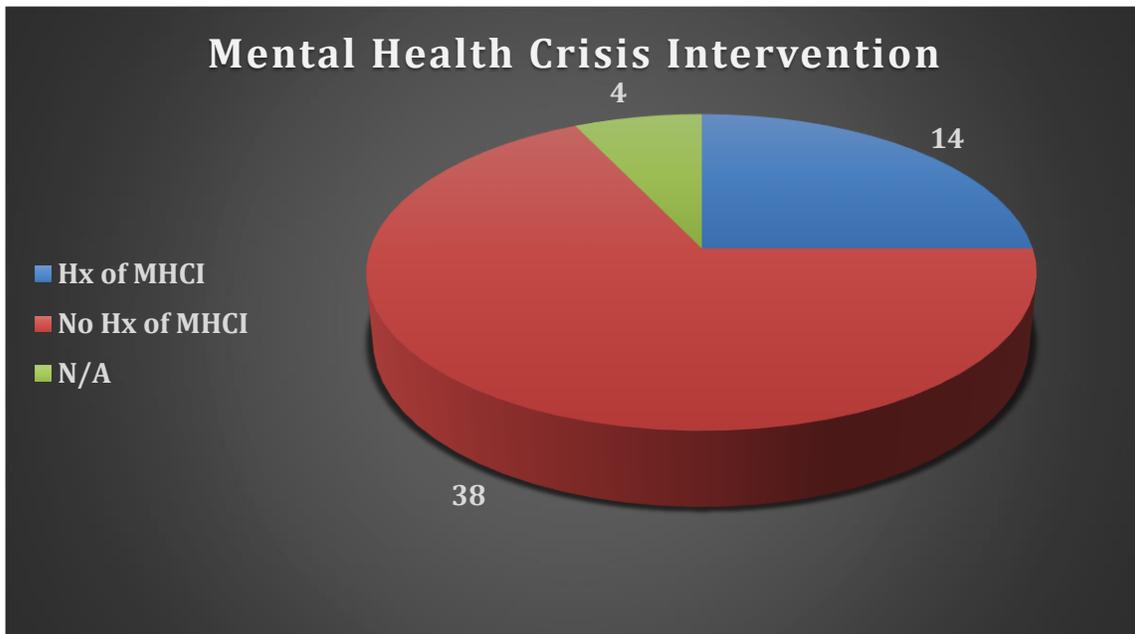
Of the cases reviewed, it was determined that 52% of the decedents had been seen at an emergency department in the three months prior to their fatal overdose. According to the experts on the regional review teams, a large majority of the medical records for these individuals included descriptive or diagnostic indicators of a substance use disorder.

One of the indicators reported to identify if a person is at-risk of a substance use disorder and self-harm include a history of suicidal and homicidal ideations. Upon further review,

⁵ Bird, Sheila, Andrew McAuley, Samantha Perry, and Carol Hunter. "Effectiveness of Scotland's National Naloxone Programme for Reducing Opioid-related Deaths: A before (2006–10) versus after (2011–13) Comparison." *US National Library of Medicine National Institutes of Health*, February 2016



it was discovered that 25% of the cases reviewed had a previous history of mental health crisis intervention documented by attending medical professionals. In reviewing the crisis interventions, it was identified that these individuals made prior contact at either a voluntary mental health treatment center or a hospital emergency department.



Recommendations Based On Finding #4:

- **Promote training for medical staff on addiction services and treatment**
 - It can be speculated that nurses, doctors and other medical staff are often able to engage with patients for longer periods than social workers are if the individual presents in a hospital setting. Training medical staff on proper identification of Substance Use Disorder and the resources available to their patients may provide an opportunity for interventions to a broader base of individuals. Providing more in-depth educational opportunity and community resources could impact individual outcomes for the better.
 - Promotion of peer engagement services are also recommended. The opportunity to engage with an individual at this level has proven beneficial in local emergency departments as well as at the national level.
- **Promote naloxone availability access in the community**
 - Research funded by the National Institute on Drug Abuse (NIDA) found that patients taking opioids for long-term chronic pain, who were given prescriptions for naloxone in a primary care setting, had **63% fewer opioid-related emergency department visits after one year** compared to those who did not receive prescriptions for naloxone.⁶
- **Expansion of long-term residential treatment and sober living access**

⁶ “Co-prescribing naloxone in primary care settings may reduce ER visits,” National Institute on Drug Abuse, June 2016

Delaware Drug Overdose Fatality Review Commission Report JUNE 2019

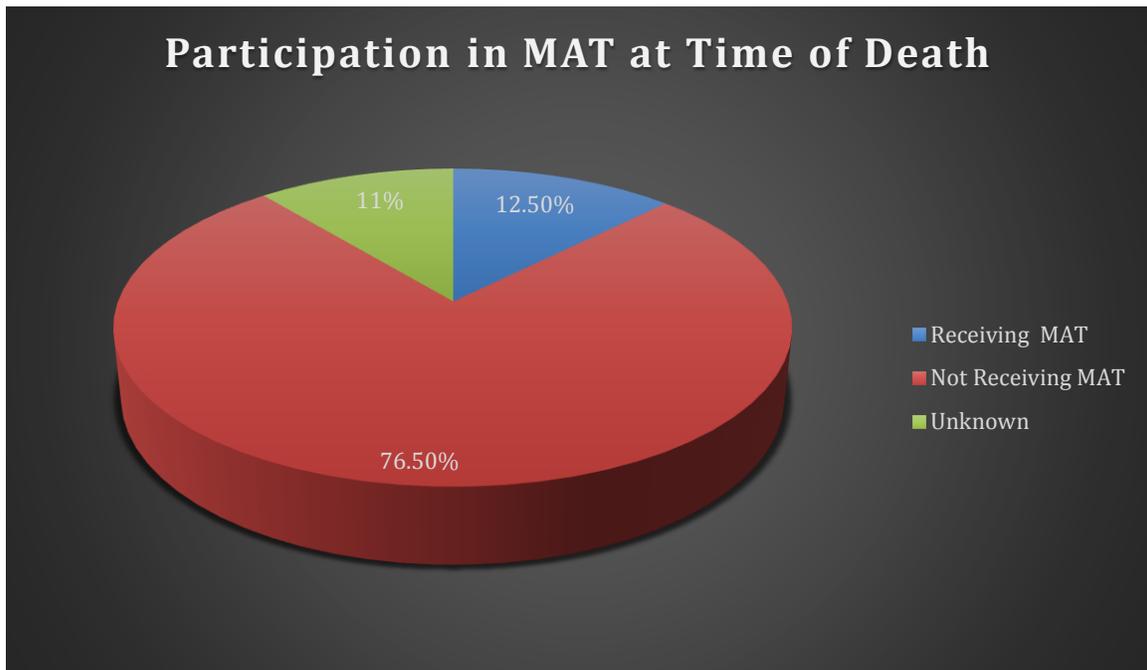
- Sober living facilities – which in many cases welcome individuals undergoing medication-assisted treatment – are an economically efficient way for the state to provide stable, supervised living environments for individuals who do not need the level of care associated with an inpatient residential treatment facility. The sober living model offers the continuum of care that will put the resident in a position to have success in obtaining long-term recovery⁷.
- The Commission recommends long-term, dual-diagnosis, in-patient treatment to address the various urgent needs of the individual in a safe setting. 50% of the cases reviewed by the Commission have presented to a medical facility previously for mental health and addiction related crises. Addressing both addiction and mental health together in a long-term, inpatient facility will allow those in need to develop skills necessary to successfully integrate back into the community with continued outpatient services.
 - According to research by the National Institute of Drug Abuse, remaining in treatment for an adequate period of time is critical. The appropriate duration for an individual depends on the severity of the patient’s problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment. Recovery from drug addiction is a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses,

⁷ Denn, “Opioid Report,” Delaware Department of Justice, October, 2018

relapses to drug abuse can occur and should signal a need for treatment to be reinstated or adjusted.⁸

Finding #5:

12.5% of the individuals who fatally overdosed were active in a MAT program at the time of their overdose death. Medically Assisted Treatment (MAT) Programs provide replacement therapies for opioids typically purchased on the street.



Recommendation

- **Naloxone should be provided to all MAT patients**
 - The Commission recommends all patients prescribed medically assisted treatment (MAT) also be given naloxone for the home.

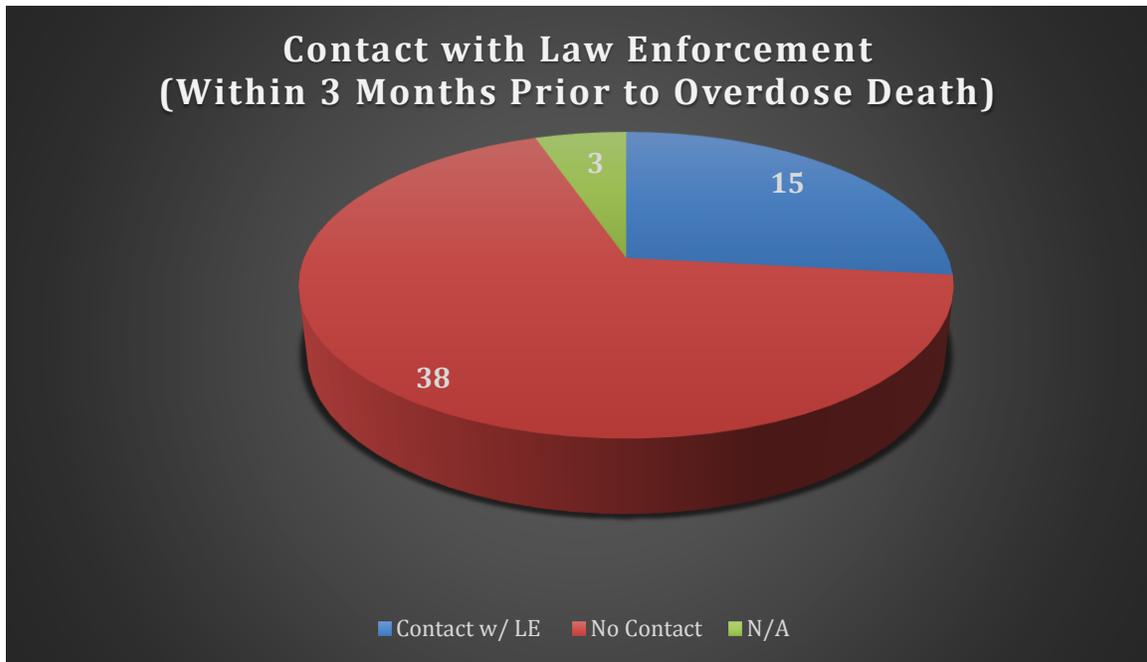
⁸ "Principles of Drug Addiction Treatment: A Research-Based Guide," NIDA, January, 2018

Delaware Drug Overdose Fatality Review Commission Report JUNE 2019

- It is strongly recommended that MAT and naloxone be coupled with behavioral health and or addiction counseling. The results of these case reviews has demonstrated that MAT cannot work alone. Current research has also demonstrated that these two therapies (medication and counseling services) work best in tandem.

Finding #6:

Approximately 27% of the cases reviewed had some involvement with a law enforcement agency within three months of their overdose death.



Recommendation Based On Finding #6:

- **Expansion of the law enforcement Law Enforcement Assisted Diversion (LEAD) programs**

Delaware Drug Overdose Fatality Review Commission Report JUNE 2019

- In a LEAD program, police officers exercise discretionary authority at point of contact to divert individuals to a community based, harm-reduction intervention for law violations driven by unmet behavioral health needs. In lieu of the normal criminal justice system cycle - booking, detention, prosecution, conviction, incarceration -- individuals are instead referred into a trauma-informed intensive case management program where the individual receives a wide range of support services, often including transitional and permanent housing and/or drug treatment. Prosecutors and police officers work closely with case managers to ensure that all contacts with LEAD participants going forward, including new criminal prosecutions for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve behavioral change.
- In Delaware, multiple police departments are currently utilizing a LEAD program or are in the process of developing one. It is strongly recommended that all law enforcement agencies work to develop and implement programs that fit the needs of the community they serve. These programs are an area of collaboration between Law Enforcement, the State Division of Substance Abuse and Mental Health and the Delaware Department of Justice to provide substance abuse treatment to qualifying adults in lieu of arrest for a low-level crime or upon request.

Delaware Drug Overdose Fatality Review Commission Report JUNE 2019

- New Castle County Police Department implemented their LEAD Program, Hero Help in 2016, below is a snapshot of the impact of this program:
 - Admissions from May 2016 – March 14, 2019 totals 243
 - 117 participants enrolled are walk-in
 - 126 participants enrolled are initiated directly by NCCPD
 - 44 participants enrolled with pending charges
- Evidence has demonstrated that after three years of operation in Seattle, a 2015 independent, non-randomized controlled outcome study found that LEAD participants were 58% less likely to be arrested after enrollment in the program, compared to a control group that went through the “system as usual”. With significant reductions in recidivism, LEAD functions as a public safety program that has the potential to decrease the number of those arrested, incarcerated, and are otherwise caught up in the criminal justice system. Additionally, preliminary program data collected by case managers also indicate that LEAD improves the health and well-being of people struggling at the intersection of poverty and drug and mental health problems. And the multi-sector collaboration between stakeholders who are often otherwise at odds with one another demonstrates an invaluable process-oriented outcome that is increasingly an objective of broader criminal justice and drug policy reform efforts.⁹

⁹ “Core Principles and Fact Sheet,” LEAD National Support Bureau

Review of Recommendations

Based on the findings presented through the review of cases in 2018, the Commission supports the following recommendations.

- **Naloxone Readily Available and Easily Accessible to the Community**
- **Harm Reduction PSA**
- **Naloxone Provided By Medical or Law Enforcement Personnel When There Is An Overdose**
- **Naltrexone Access in DOC Should be Promoted and Offered to Every Eligible Inmate Numerous Times**
- **Naloxone Should be Made Available to all Opioid-Positive Screened Inmates Released from Delaware Department of Corrections.**
- **Promote Training for Medical Staff on Addiction Services and Treatment**
- **Naloxone Should be Provided to All MAT Patients**
- **Expansion of Long-Term Residential Treatment and Sober Living Access**
- **Expansion of the Law Enforcement LEAD Intervention Programs**

Commission's Plan for Remainder of 2019

The Commission's goal is to have substantive recommendations to provide to the Governor and General Assembly annually. Now that the commission has a developed review process, and a records acquisition system, the Regional Review teams will continue to meet and review cases quarterly to identify key triggers, access points and opportunities for intervention before an individual fatally overdoses. A secondary goal of

Delaware Drug Overdose Fatality Review Commission Report JUNE 2019

the Commission is to promote and support impactful initiatives addressing the opiate crisis in Delaware. One such initiative is the addition of fentanyl testing as part of the initial drug screen conducted by medical providers. This initiative is currently being implemented in some Delaware health care organizations and among some providers in the state.

The Commission, and members of the review teams, are working diligently to provide actionable information to Delaware stakeholders. It is the goal of the Commission to continue to work alongside, and support the efforts of the Division of Forensic Science, the DIAC, the Division of Public Health, and the Division of Substance Abuse and Mental Health; as well as the efforts of other Delaware commissions and committees such as the Behavioral Health Consortium, the Delaware Overdose System of Care and the Child Death Review Commission, where more comprehensive and encompassing population specific data is housed or reviewed.

Delaware Drug Overdose Fatality Review Commission Report JUNE 2019

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- Karyl Rattay, MD, Director of Delaware Public Health
- Terry Horton, MD, FACP, CCHS, Medical Society Representative
- Kathleen Jennings, Delaware Attorney General
- Rebecca King, Delaware Public Health, Delaware Nurses Association Representative
- Chief Ken McLaughlin, Ocean View PD, Police Chiefs of Delaware Representative
- Sgt. Sakinah Slayton, New Castle County PD, Fraternal Order of Police Representative
- Dave Humes, aTtAcK addiction, Delaware Non-Profit Representative
- Lt. Tim Hulings, DSP, DIAC, Safety and Homeland Security Representative
- Marc Richman, PhD, Delaware Department of Corrections
- Elizabeth Romero, Director of Substance Abuse and Mental Health, DHSS Representative